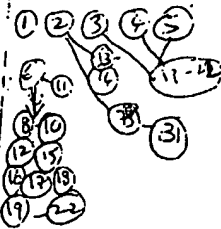


BEST AVAILABLE COPY



N	ID NO.	DATE
ER	5	9-11-97
R	870	9/23/97
	1710	9/1/97
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INDEX OF CLAIMS

[illegible]

Claim	Date
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52	
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SYMBOLS	
_____	Rejected
_____	Allowed
(Through columns)	Canceled
_____	Restricted
_____	Non-electric
_____	Interference
_____	Appeal
_____	Objection

(LEFT INSIDE)

Form PTO-438A
(Rev. 6/82)

SCAN
QC